

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number		Filing Date			
							Applicant(s) Stephen Hart et al					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2	1						52					
3		2					53					
4		2					54					
5		2					55					
6		2					56					
7		2					57					
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31	1						81					
32		1					82					
33	1						83					
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37							87					
38							88					
39	1						89					
40	1						90					
41		2					91					
42							92					
43							93					
44							94					
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48							98					
49							99					
50							100					
Total Indep	6						Total Indep					
Total Depend	51						Total Depend					
Total Claims	57						Total Claims					

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